

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

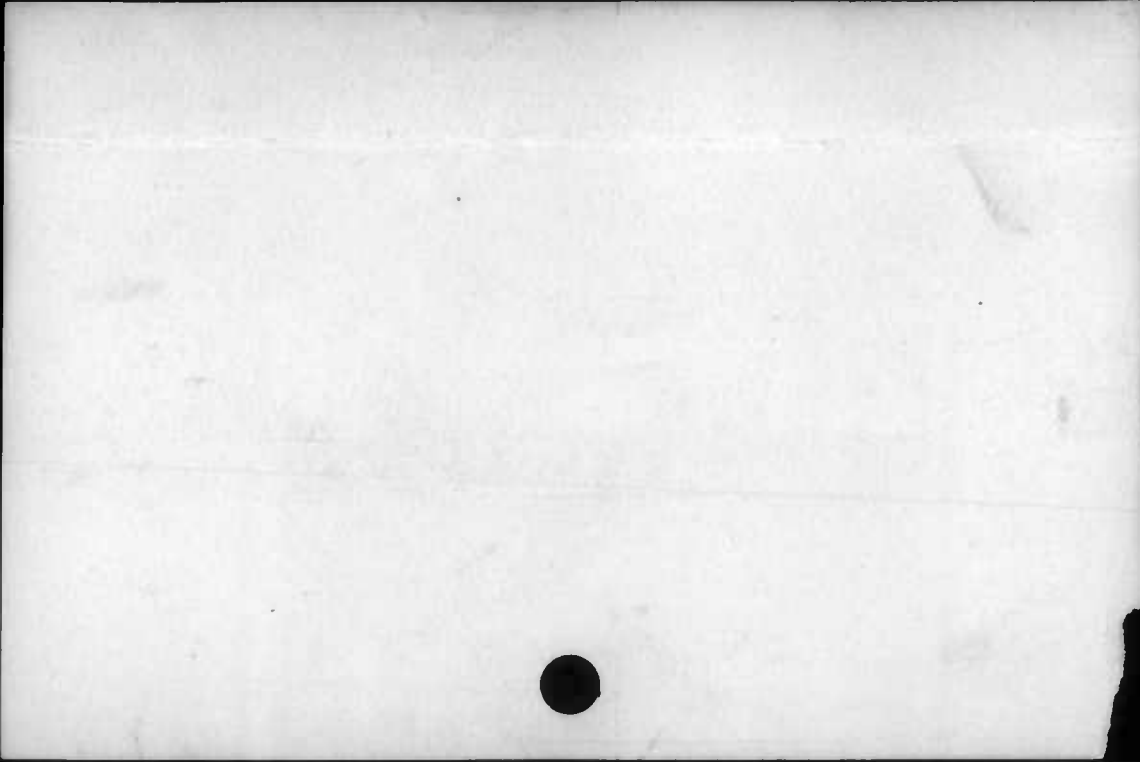
MARYLAND

Died at <i>Danvers</i> Town <i>44</i>		County <i>Bonomerset</i>	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>6</i>	Age <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>James, Denwood Bozman</i>		Father's Birthplace <i>md</i>	
Mother's Maiden Name <i>Lora White</i>		Mother's Birthplace <i>md</i>	
Name of person giving information <i>James D. Bozman</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Membranous Croup</i>	How long <i>2 days</i>
Immediate <i>asthymia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. J. Windsor</i>
	Address <i>Table Quarter, Md.</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

Henri Buttingham

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Habers <sup>Town</sup> Somerset <sup>County</sup> **MARYLAND**

Date of death 1908 Dec <sup>Month</sup> 10 <sup>Day</sup> Age 56 <sup>Years</sup> 6 <sup>Months</sup> 0 <sup>Days</sup>

Sex Male Color or Race Black Birth-place Somerset Co

Occupation Carpenter Where Residing if not at place of death -

Married, Yes Married Name of Wife or Husband Martha Buttingham

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Anna Jones How related to deceased Niece

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

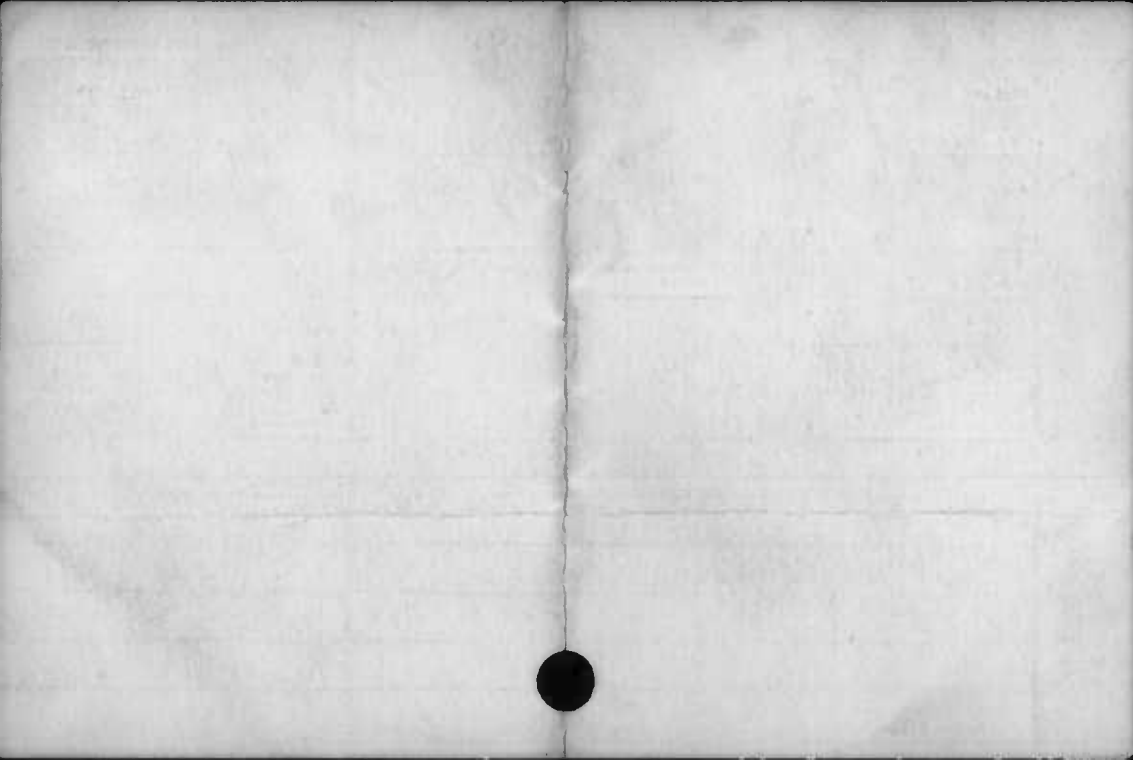
Address

Accident or Suicide?

How long

48 hours

H. B. Jones M.D.  
Princess Anne  
A. F. D. No. 2



Name  
in  
Full

Drucilla H. Bundick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cohasset</i> Town		<i>Somerset.</i> County		MARYLAND	
Date of death	<i>1908 Dec 7</i>	Age	<i>78</i>	Months	<i>✓</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>VA</i>
Occupation	<i>None</i>	Where Residing if not at place of death <i>Modest town VA</i>			
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband <i>George T. Bundick</i>			
Father's Name	<i>Unknown</i>	Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name	<i>Unknown</i>	Mother's Birthplace <i>Unknown</i>			
Name of person giving Information	<i>G. T. Bundick</i>		How related to deceased <i>Son in law</i>		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Tubercular heart disease</i>	How long	<i>10 years</i>
Immediate	<i>Exhaustion (Dropsey)</i>	How long	<i>2 years.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. Milroy</i>
		Address	<i>Kenosha City</i>
Accident or Suicide?	<i>✓</i>		



Name in Full		David Byrd				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Crisfield		Somerset		MARYLAND	
	Date of death	1908	Dec	14	Age	77	Months Days
	Sex	Male		Color or Race	White		
	Occupation	Ship Carpenter		Where Brought if not at place of death	Somerset Co., Md		
	Married, Single or Widowed	Married		Name of Wife or Husband	May E. Byrd		
	Father's Name	John Byrd		Father's Birthplace	Lawsonia end		
	Mother's Maiden Name	Laveria Sterling		Mother's Birthplace	end		
Name of person giving information	B. Whitt Lowe		How related to deceased	Son in Law			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Nephritis - Aortic Regurg. Cardiac				How long	
	Immediate	General Debility				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	Accident or Suicide?		No		Address		
				Wm. H. Coulbourne, M.D.			
				Crisfield,			
				Somerset Co., Md.			





Name  
in  
Full

Mary Moore Carver

CERTIFICATE OF DEATH

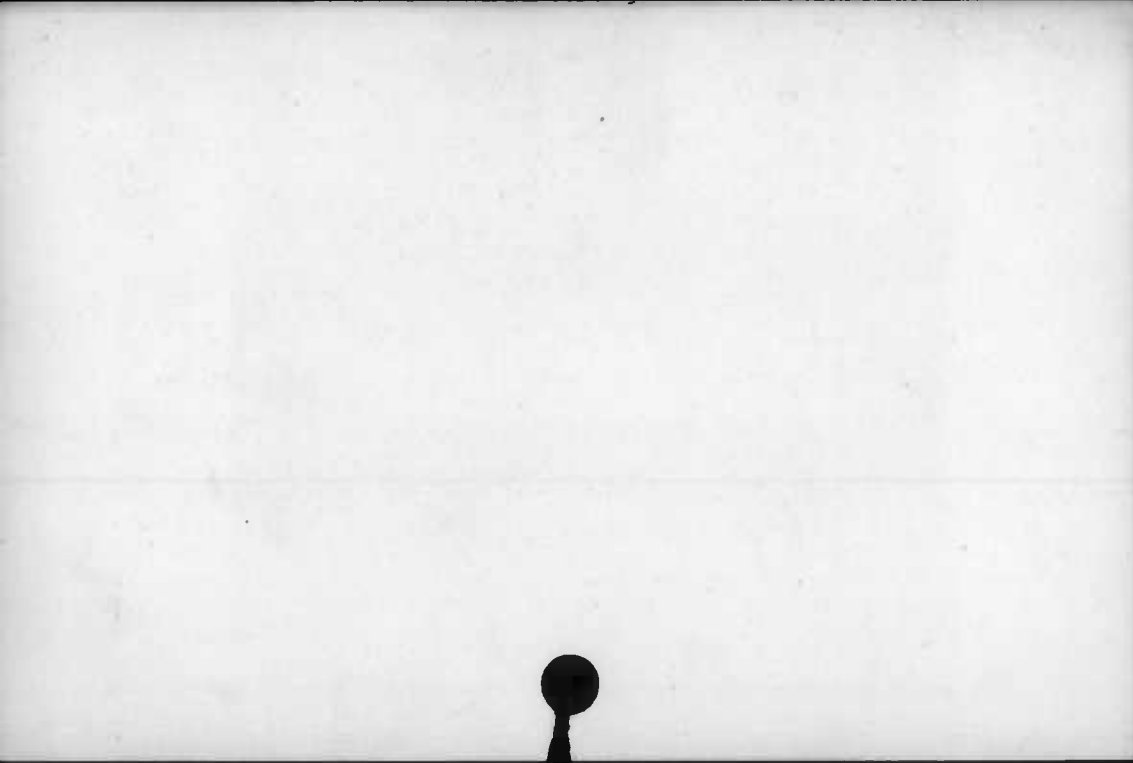
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dunes Quarter</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>11th</i>		Age <i>2</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Som. Co.</i>		Months <i>11</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years		Days	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Som. Co.</i>		Mother's Birthplace <i>Som. Co.</i>	
Father's Name <i>Walter Carver</i>		Mother's Maiden Name <i>Cora Todd</i>		Name of person giving information <i>—</i>		How related to deceased <i>—</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Membranous Croup</i>		How long <i>2 days</i>	
Immediate <i>Asphyxia</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. J. Winder, M.D.</i>	
Accident or Suicide? <i>No</i>		Address <i>Dunes Quarter, Som. Co., Md.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

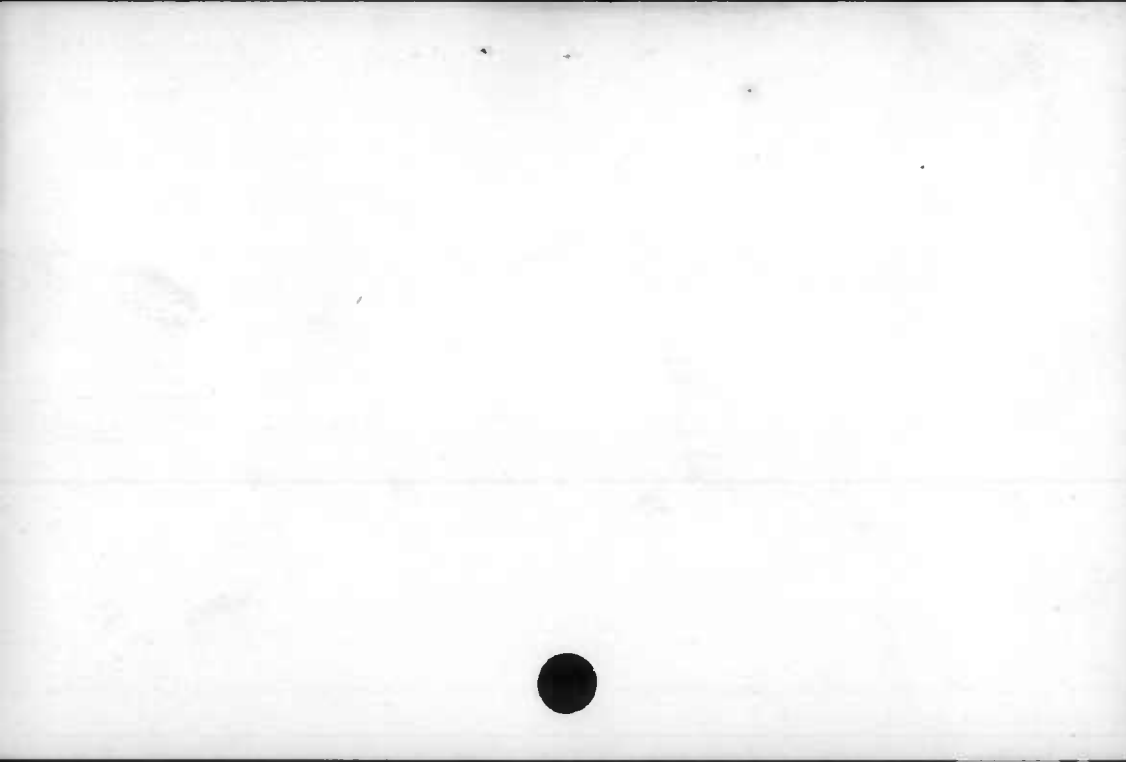
Name <i>John H Davis</i>		Town <i>Crifield</i>		County <i>Somerset</i>		MARYLAND	
Died at		Month <i>Dec</i>		Day <i>9</i>		Years <i>73</i>	
Date of death <i>1908</i>		Months <i>7</i>		Days <i>1</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Occupation <i>Painting</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>+ Mary J. Davis</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving Information <i>Geo A Davis</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	<i>Chronic diarrhoea</i>	How long	<i>One year</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. F. Stael</i>	
<i>Yes</i>		Address <i>Crifield Md</i>	
Accident or Suicide			



Name  
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Full

Olivia Egan.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

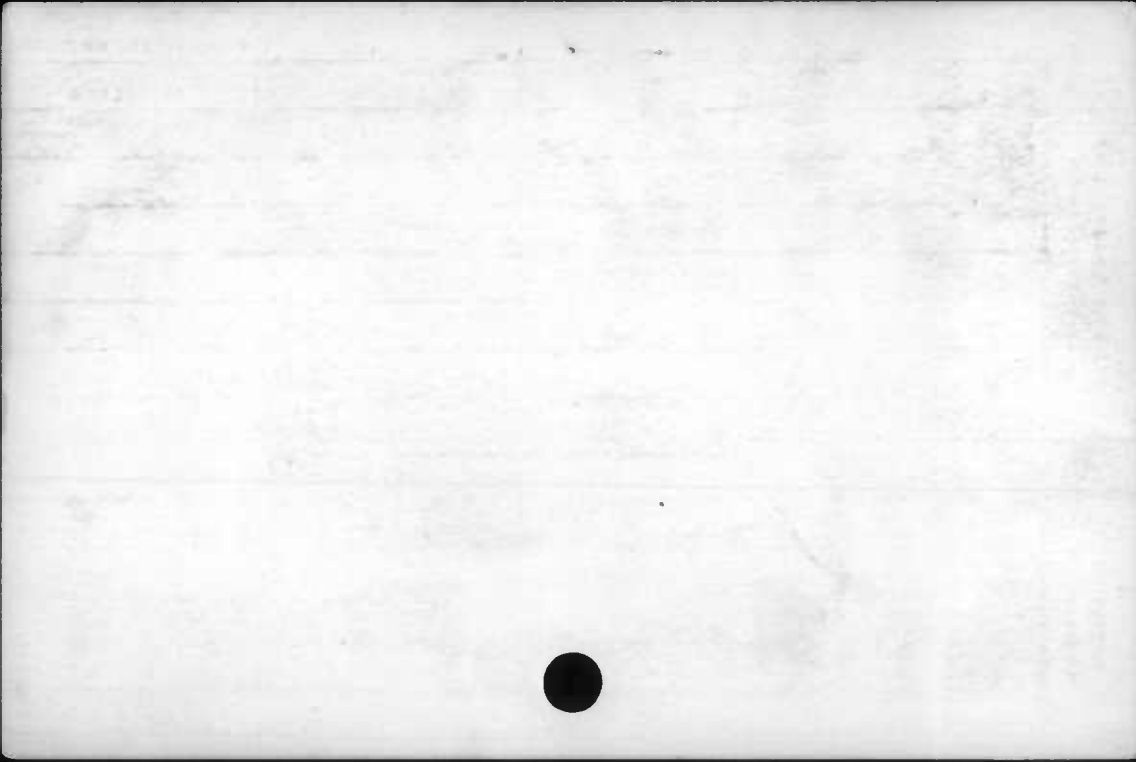
Died at		Town <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Date of death		190	8	Month	Day	Age	Years
Sex		<i>Female</i>		Color or Race		<i>White</i>	
Occupation		<i>none</i>		Birth-place		<i>Crisfield Md</i>	
Married, Single or Widowed		<i>single</i>		Name of Wife or Husband		<i>7</i>	
Father's Name		<i>Steward Egan</i>		Father's Birthplace		<i>Crisfield Md</i>	
Mother's Maiden Name		<i>Bele Maddox</i>		Mother's Birthplace		<i>Crisfield Md</i>	
Name of person giving Information		<i>Steward Egan</i>		How related to deceased		<i>Father</i>	

## CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary	<i>Rheumatism</i>	how long	<i>one week</i>
Immediate	<i>Endocarditis</i>	how long	
Are the name, age, sex, color, date and place correctly given above?		<i>ye</i>	
Signature of Physician		<i>W. H. Hall</i>	
Address		<i>Crisfield Md</i>	
Accident or Suicide		<i>no</i>	



Name  
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Full

Richard Nelson Forsythe

CERTIFICATE OF DEATH

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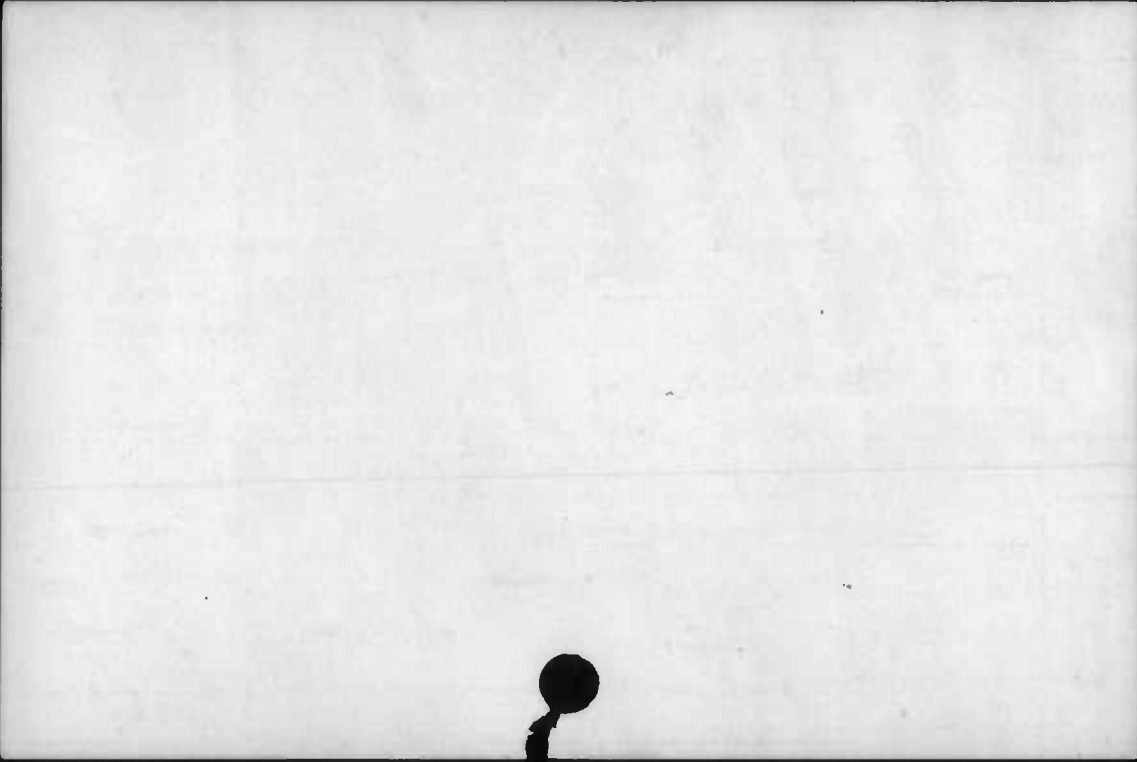
Died at <u>Marion</u> Town		<u>Somerset</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Dec</u>	Day <u>27</u>	Years <u>74</u>	Months <u>4</u>	Days <u>✓</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Mr. Harpers Ferry, Va.</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Marion Md</u>				
Married, <del>Single</del> or <del>Widowed</del>	Name of Wife or Husband <u>Huldah Forsythe</u>				
Father's Name <u>Thornston Forsythe</u>	Father's Birthplace <u>Irid</u>				
Mother's Maiden Name <u>Hulda Sheppard</u>	Mother's Birthplace <u>Irid</u>				
Name of person giving information <u>Nathan Forsythe</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Mitral Regurgitation of Heart</u>	How long <u>3 or 4 mos</u>
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. L. A. B. Allen</u>
<u>Yes</u>	Address <u>Marion Md.</u>
Accident or Suicide?	





Name  
in  
Full

Lizzie Gale

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Maryland Town Somerset County MARYLAND

Date of death 1908 Month 12 Day 24 Age 12 Years Months Days

Sex female Color or Race Black Birth-place md

Occupation School Girl Where Residing if not at place of death Maryland

~~Married, Single~~  
~~or Widowed~~

Name of Wife or  
Husband

Father's  
Name

John Gale

Father's  
Birthplace

md

Mother's  
Maiden Name

Mrs Sarah

Mother's  
Birthplace

md

Name of person giving  
Information

John Gale

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Tuberculosis

How long

6 mos

Immediate

Hemorrhage

How long

3 or 4 hr

Are the name, age, sex, color, date  
and place correctly given above?

yes

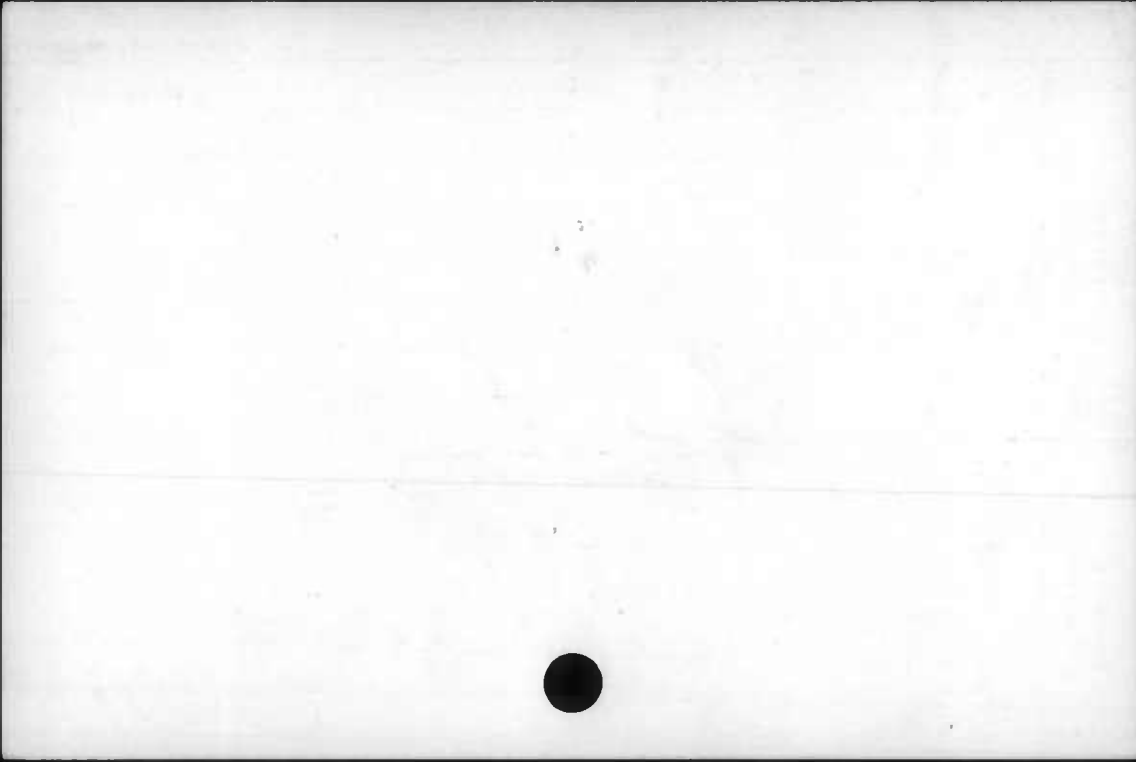
Signature of  
Physician

J. G. B. Allen

Address

Marion  
md

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

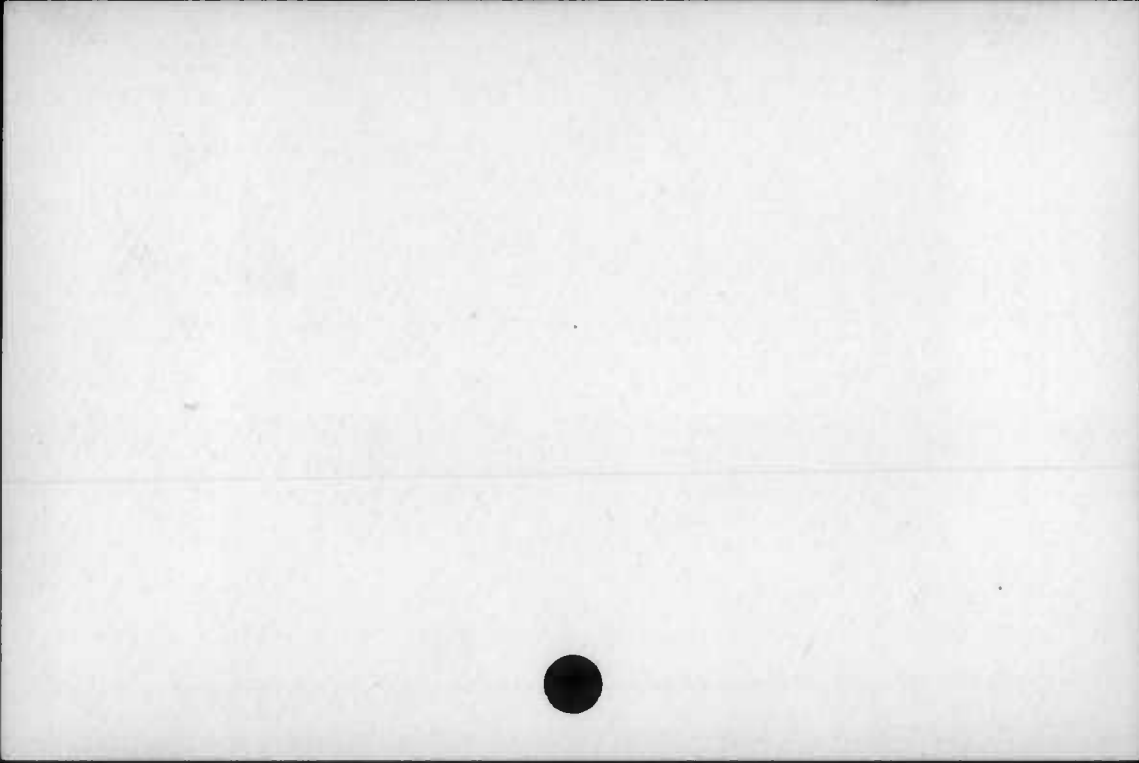
Died at <i>Perry Harbor</i>		Town <i>Perry</i>		County <i>Layfield</i>		State <i>Danvers</i>	
Date of death	1908	Month	10	Day	6	Years	0
Sex	Female		Color or Race	White		Birth-place	Ind
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Rahley Layfield					Father's Birthplace	Ind.
Mother's Maiden Name	Maudie Pizman					Mother's Birthplace	Ind.
Name of person giving information	Lynne West					How related to deceased	none

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Escherichia coli infection</i>	How long	<i>1 mo</i>
Immediate	<i>Asthma</i>	How long	<i>2 years</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas. J. F. H. M.D.</i>
		Address	<i>Princeton, N.J.</i>
Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name In Full <i>George Lederer</i>		Town <i>Deal's Island</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Deal's Island</i>		Month <i>Dec</i>		Day <i>4th</i>		Age <i>42</i>	
Date of death <i>1908</i>		Month <i>Dec</i>		Day <i>4th</i>		Age <i>42</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>dont</i>		<i>no</i>	
Occupation <i>Watman</i>				Where Residing if not at place of death <i>Baltimore Md</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>dont</i>		<i>no</i>		Father's Birthplace <i>dont</i>		<i>no</i>	
Mother's Maiden Name <i>dont</i>		<i>no</i>		Mother's Birthplace <i>no</i>		<i>no</i>	
Name of person giving In formation <i>Geo B. Horner J.P.</i>				How related to deceased <i>none</i>			

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>died from Natural Causes</i>		How long <i>4 weeks</i>	
Immediate <i>was Raptured</i>		How long <i>15 years</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo B. Horner J.P.</i>	
		Address <i>Deal's Island Md</i>	
Accident or Suicide?			

a jury of inquest was held over  
this dead man, and a Postmortem  
Examination showed that this  
man died about of Capt. Albert  
Jones of Chance, Somerset County,  
Maryland. The jury's verdict was that  
this man died from natural  
causes, although had been  
ill-treated by Captain Albert Jones

Name  
in  
Full

*Virginia Martin*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

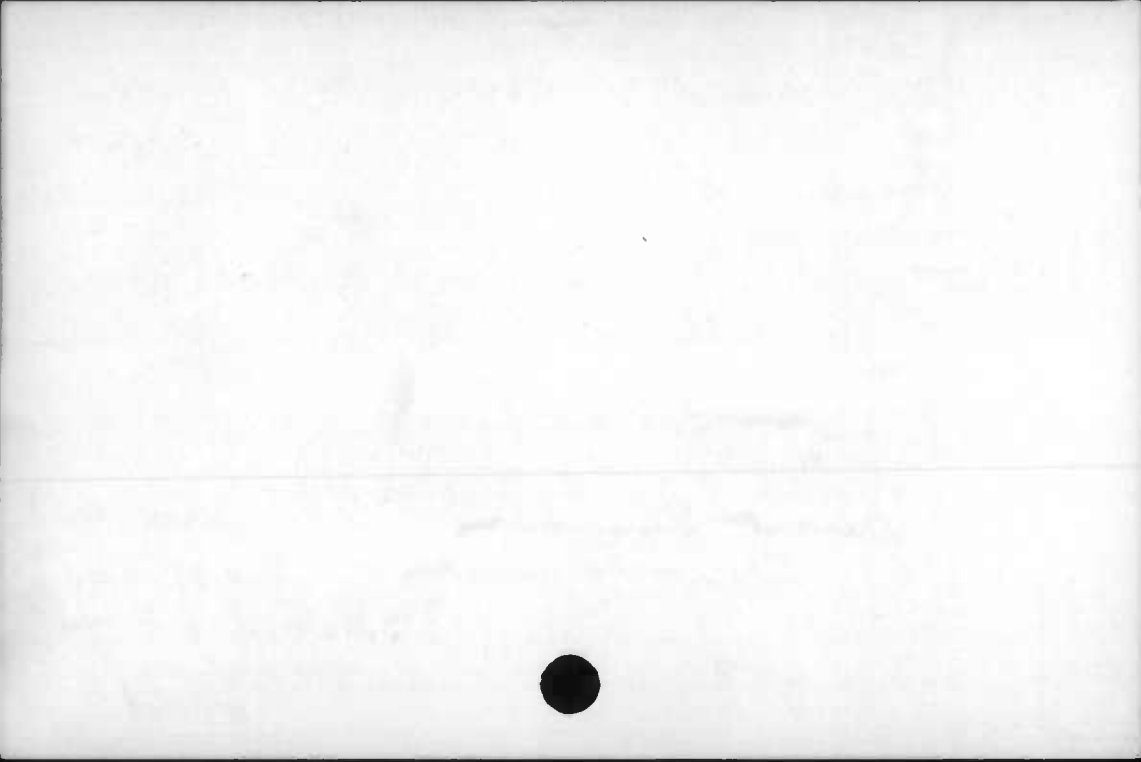
Died at <i>near Pocomoke City</i>		Town <i>Pocomoke City</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death	<i>1908</i>	Month <i>Dec</i>	Day <i>4</i>	Age	<i>10</i>	Months <i>8</i>	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Anne Arundel Co Md</i>
Occupation	<i>School girl</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>✓</i>				
Father's Name	<i>William Martin</i>				Father's Birthplace	<i>Anne Arundel Co</i>	
Mother's Maiden Name	<i>Catharine Korthin</i>				Mother's Birthplace	<i>Anne Arundel Co</i>	
Name of person giving Information	<i>J. H. Johnson</i>				How related to deceased	<i>Niece</i>	

CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>5 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>R. Lee Hall</i>
		Address	<i>Pocomoke City, Md</i>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

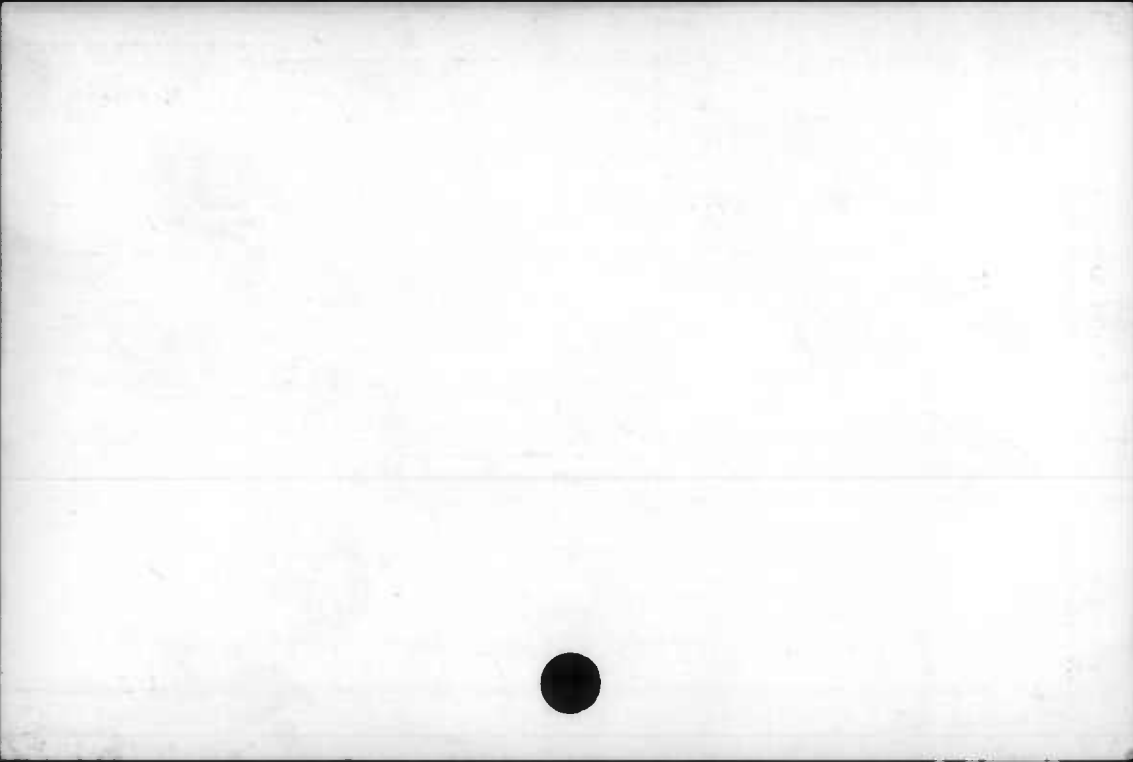
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Marynesco</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1908	Month	12	Day	19
Age	31	Years		Months	1
Sex	Female	Color or Race	white	Birth-place	Ind
Occupation	Housewife		Where Residing if not at place of death <i>Marynesco</i>		
Married, Single or Widowed	Single		Name of Wife or Husband <i>Edward R. Matthews</i>		
Father's Name	<i>F. G. Bell</i>		Father's Birthplace <i>Ind</i>		
Mother's Maiden Name	<i>Mary</i>		Mother's Birthplace <i>Ind</i>		
Name of person giving Information	<i>Ans E. R. Matthews</i>		How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

79

Primary	<i>Heart Trouble</i>	How long	<i>about 1 month</i>
Immediate	<i>Heart failure</i>	How long	<i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. R. G. B. Allen</i>	
<i>yes</i>		Address <i>Marynesco Ind</i>	
Accident or Suicide			



Name  
in  
Full

Laisy Parker

## CERTIFICATE OF DEATH

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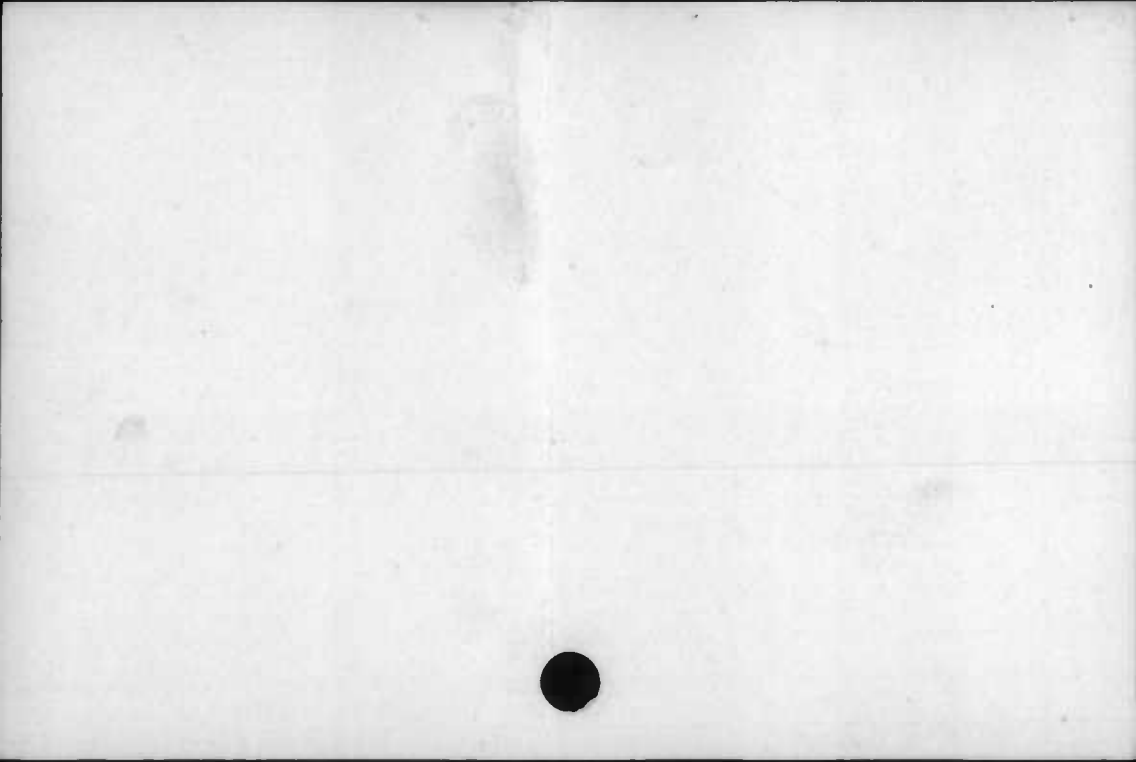
Died at <i>Fairmount</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>Dec</i> <small>Month</small>	<i>24<sup>th</sup></i> <small>Day</small>	<i>31</i> <small>Years</small>	<i>31</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Fairmount</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Charles Parker</i>		
Father's Name	<i>Isaac Huxley</i>		Father's Birthplace	<i>Fairmount</i>	
Mother's Maiden Name	<i>Mary Beauchamp</i>		Mother's Birthplace	<i>Somerset Co</i>	
Name of person giving information	<i>Wm A Ford</i>		How related to deceased	<i>None</i>	

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary	<i>Jaundice</i>	How long	<i>2 Weeks</i>
Immediate	<i>—</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G. E. Dickinson</i>	
		Address <i>Upper Fairmount Md</i>	
Accident or Suicide?			



Name  
in  
Full

Underwood Parks  
Town  
Mt Vernon

CERTIFICATE OF DEATH

MARYLAND

Died at

County  
Summit

Date

of death

1908

Month

Dec

Day

5

Age

Years

28

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Waterman

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Thomas Parks

Father's  
Birthplace

Summit Co

Mother's  
Maiden Name

Emily Emeric

Mother's  
Birthplace

Summit Co

Name of person giving  
Information

Wm Garbon

How related  
to deceased

Nephew

CAUSES OF DEATH

Primary

Typhoid Pneumonia  
Endocarditis

How long

16 days

Immediate

How long

48 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

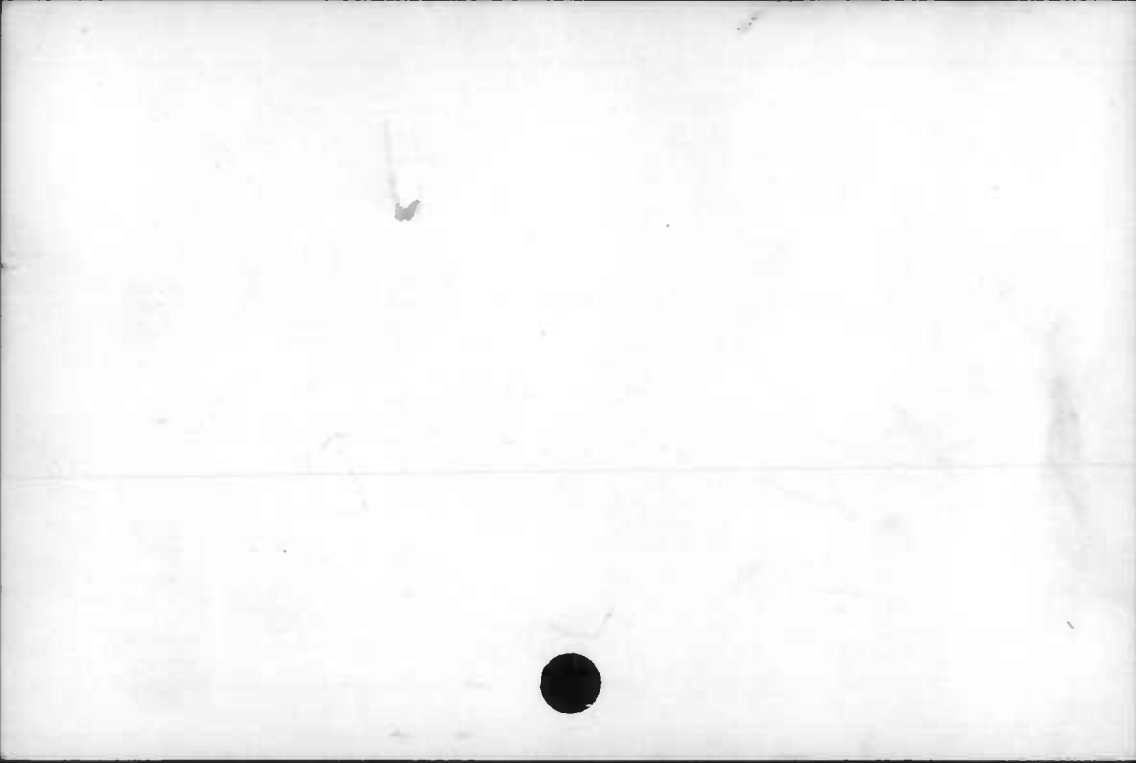
Address

H. A. Barnes M.D.  
Rivers Run  
P. F. D. No. 2.

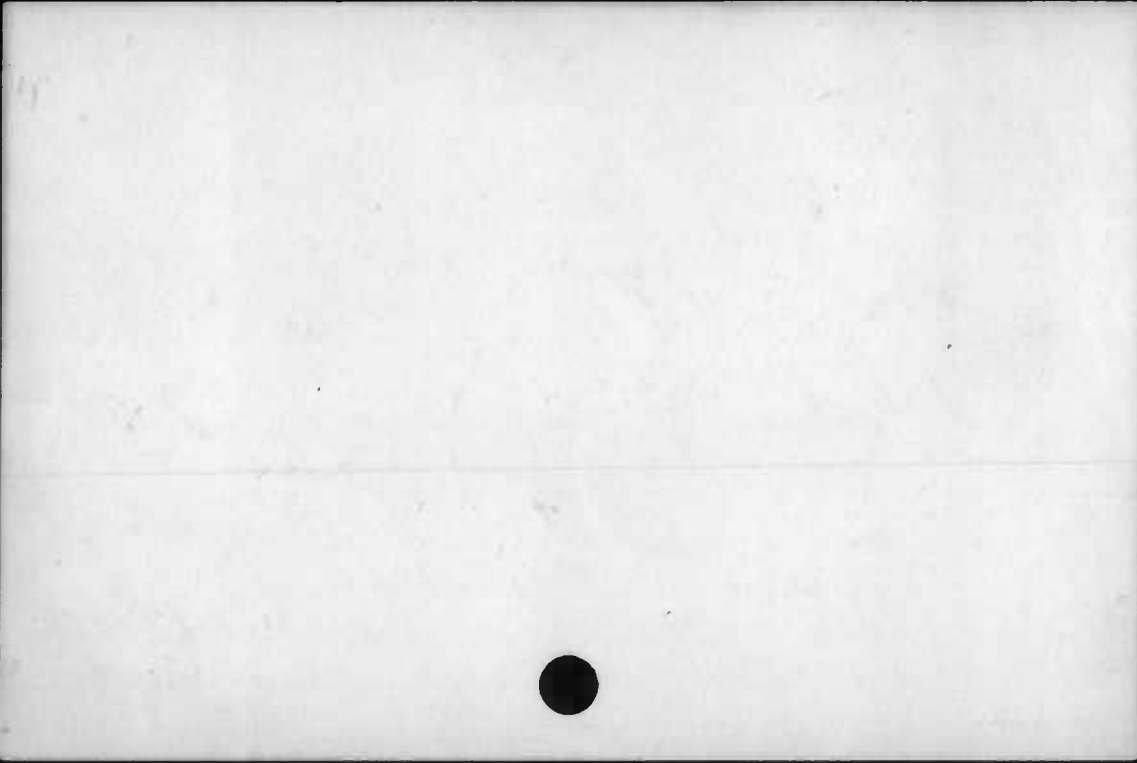
Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		Ella Price				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Twn Mt Vernon		County Summit		MARYLAND	
	Date of death	1908	Month Dec	Day 21	Years 34	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Alay G Price			
	Father's Name	Wm W. Hopkins				Father's Birthplace	Summit Co
	Mother's Maiden Name	Henrietta Taylor				Mother's Birthplace	Summit Co
Name of person giving information	M. F. Boudreau				How related to deceased	Niece	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Tuberculosis of the lungs				How long	79
	Immediate					How long	2 years
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	H. B. Barnes
						Address	Princess Anne
	Accident or Suicide?						P. F. O. No. 2





Name  
in  
Full

Ross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

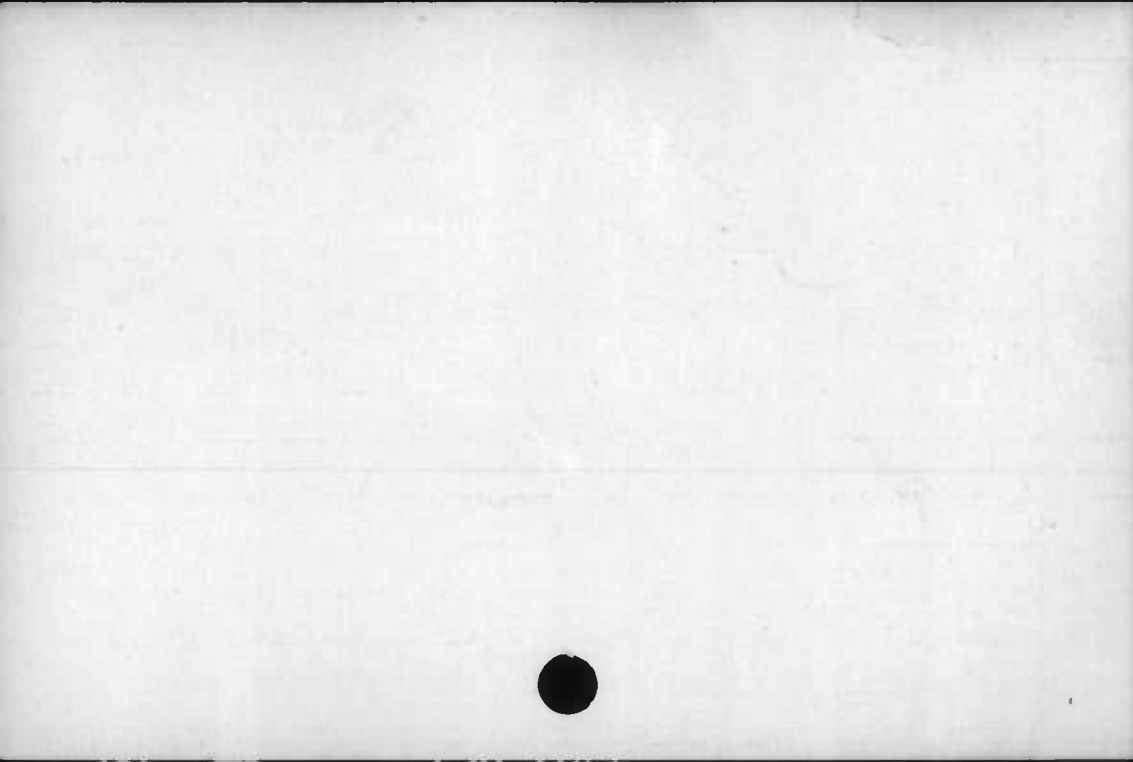
Died at <i>Kingston</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>1</i>	Years	Months <i>4</i>	Days <i>2</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth place <i>Somerset Co</i>			
Occupation <i>Infant</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband				
Father's Name <i>Harvey Ross</i>	Father's Birthplace <i>Somerset Co</i>				
Mother's Maiden Name <i>Edith Ross</i>	Mother's Birthplace <i>Somerset Co</i>				
Name of person giving information <i>Harvey Ross</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Inanition Fever</i>	How long <i>1 mo</i>
Immediate <i>General Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. L. G. B. Allen</i>
	Address <i>Marion, Ind.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

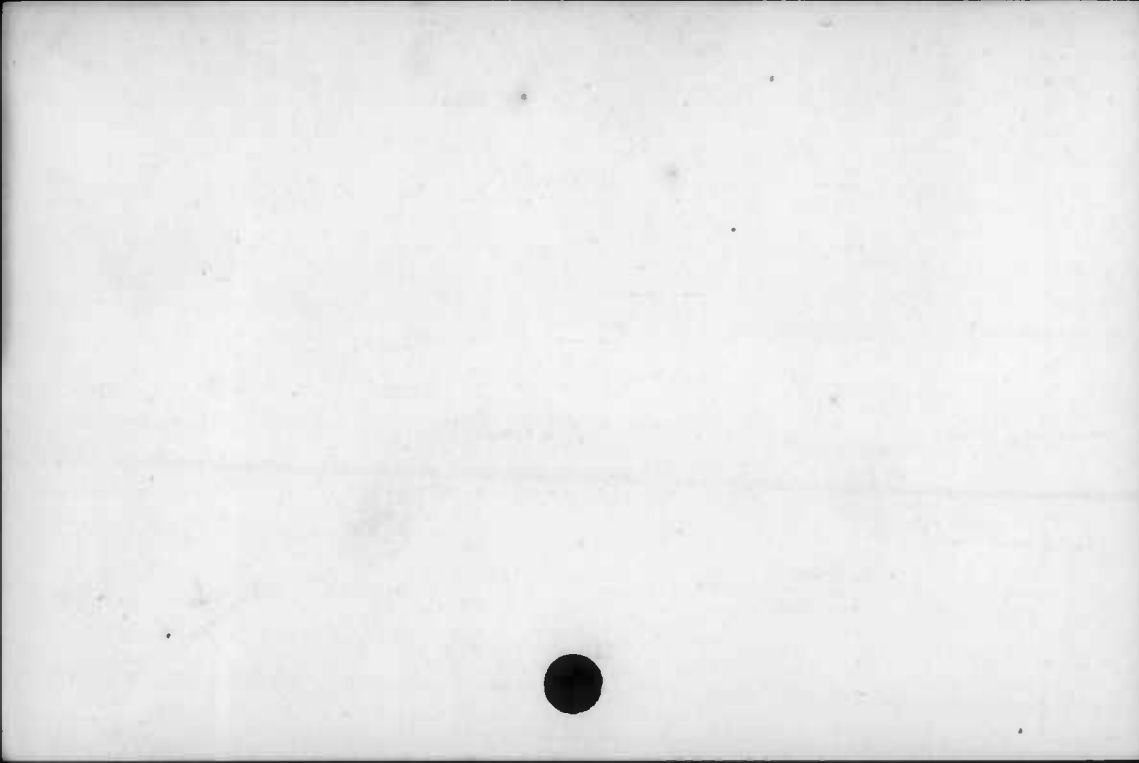
Died at <i>Jameson</i>		Town <i>Jameson</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>Oct</i>		Day <i>29th</i>		Age <i>69</i>	
Sex <i>male</i>		Color of Race <i>white</i>		Birth-place <i>Som. Co.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Virginia Scott</i>					
Father's Name <i>John Scott</i>				Father's Birthplace <i>Som. Co.</i>			
Mother's Maiden Name <i>Virginia White</i>				Mother's Birthplace <i>Som. Co.</i>			
Name of person giving information <i>Virginia Scott</i>				How related to deceased <i>wife</i>			

## CAUSES OF DEATH

63

PHYSICIAN  
OR CORONER

Primary <i>Chronic Myelitis</i> ✓	How long <i>5 years</i>
Immediate <i>Stroke</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. J. Winder, M.D.</i>
	Address <i>Jameson, Somerset, Som. Co., Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

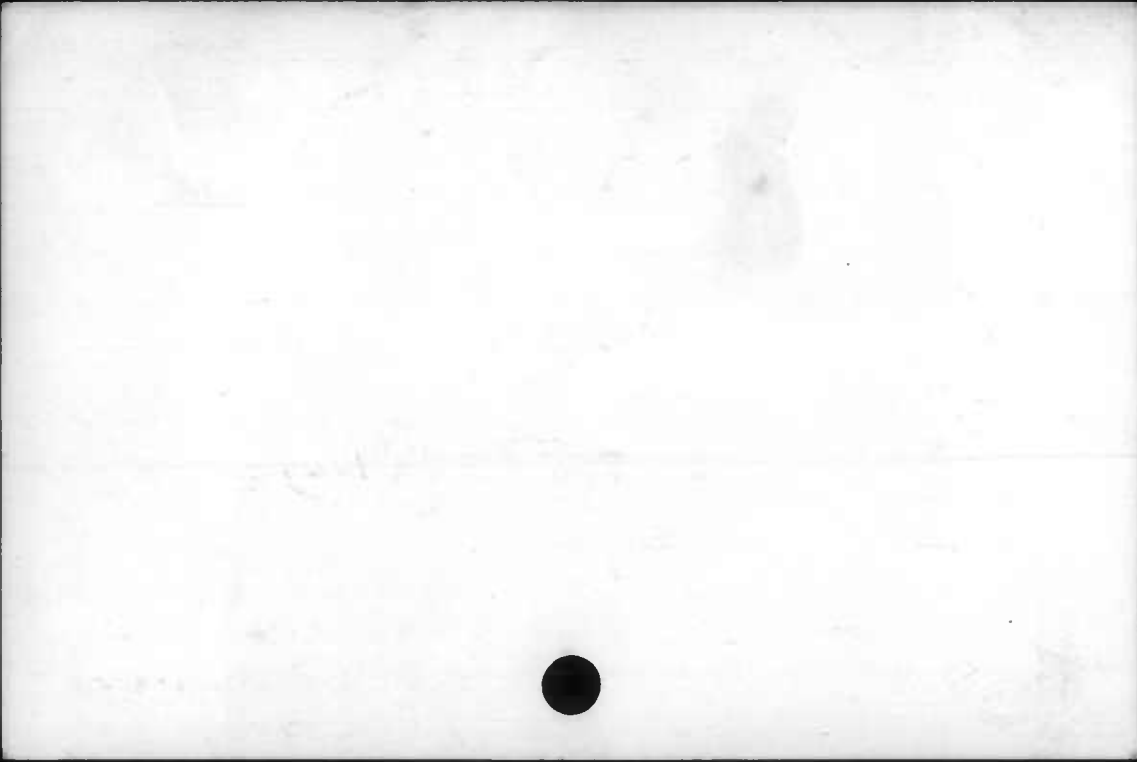
Died at <u>Town</u> <u>Dunes Quarter</u> <u>County</u> <u>Somerset</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct.</u>	Day <u>10</u>	Age <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Som. Co.</u>	Months <u>2</u>
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>William Shoras</u>	Father's Birthplace <u>Som. Co.</u>		
Mother's Maiden Name <u>Cora Nelson</u>	Mother's Birthplace <u>Som. Co.</u>		
Name of person giving Information <u>Wm Shoras</u>	How related to deceased <u>Father</u>		

## CAUSES OF DEATH

152

PHYSICIAN  
OR CORONER

Primary	<u>Asphyxia from overlying</u>	How long <u>Sudden</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>L. J. [unclear]</u>
		Address <u>Dunes Quarter Somerset Co. Md.</u>
Accident or Suicide	<u>no</u>	



Name  
in  
Full

*Selma Gladie Shores*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

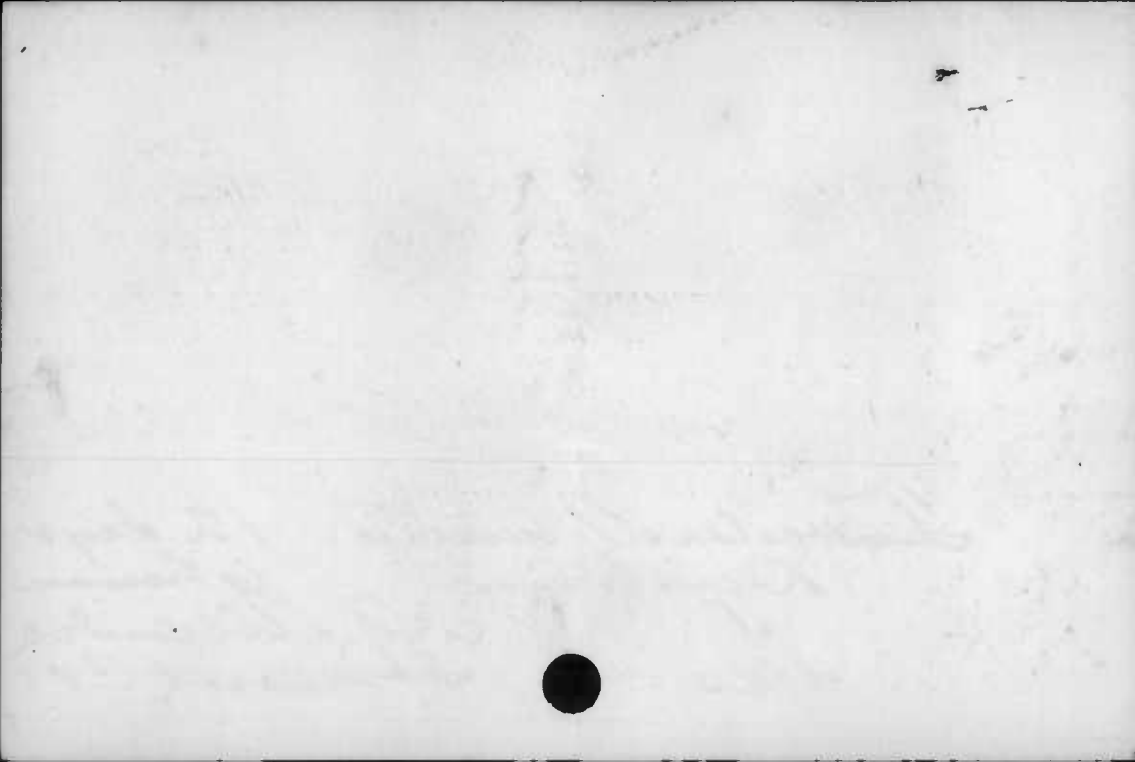
Died at <i>Chauce</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Dec.</i>	Day <i>22nd</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Som. Co.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Shores</i>		Father's Birthplace <i>Som. Co.</i>			
Mother's Maiden Name <i>Effie Gladie</i>		Mother's Birthplace <i>Som. Co.</i>			
Name of person giving information <i>Edward Shores</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

**150**

PHYSICIAN  
OR CORONER

Primary <i>Malformation of bile duct</i>	How long <i>—</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. J. Windsor, M.D.</i>
	Address <i>1000 Somerset Ave. N.E.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Margaret Abf-house Shores

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

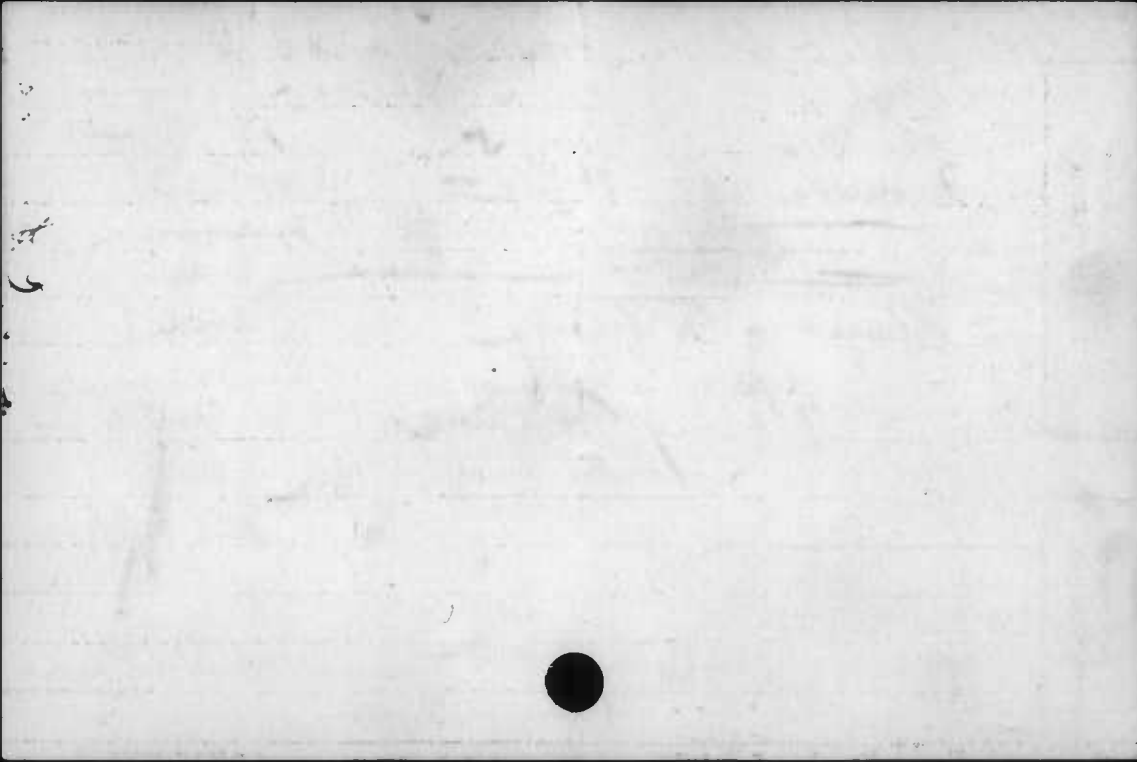
Diad et <i>Wenona</i> Town		County <i>Somerset</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>12</i>	Day <i>10</i>	Age <i>5</i>	Months <i>1</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wenona</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Wenona</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Barney G Shores</i>		Father's Birthplace <i>Deals Island</i>			
Mother's Maiden Name <i>Emma Curtis</i>		Mother's Birthplace <i>Wenona</i>			
Name of person giving information <i>Barney G. Shores</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

**28**

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculous Meningitis</i>	How long	<i>12 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. G. Alexander</i>	
<i>Yes -</i>		Address <i>Somerset Co.</i>	
Accident or Sulcids?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant Child of Thomas Preston Smith

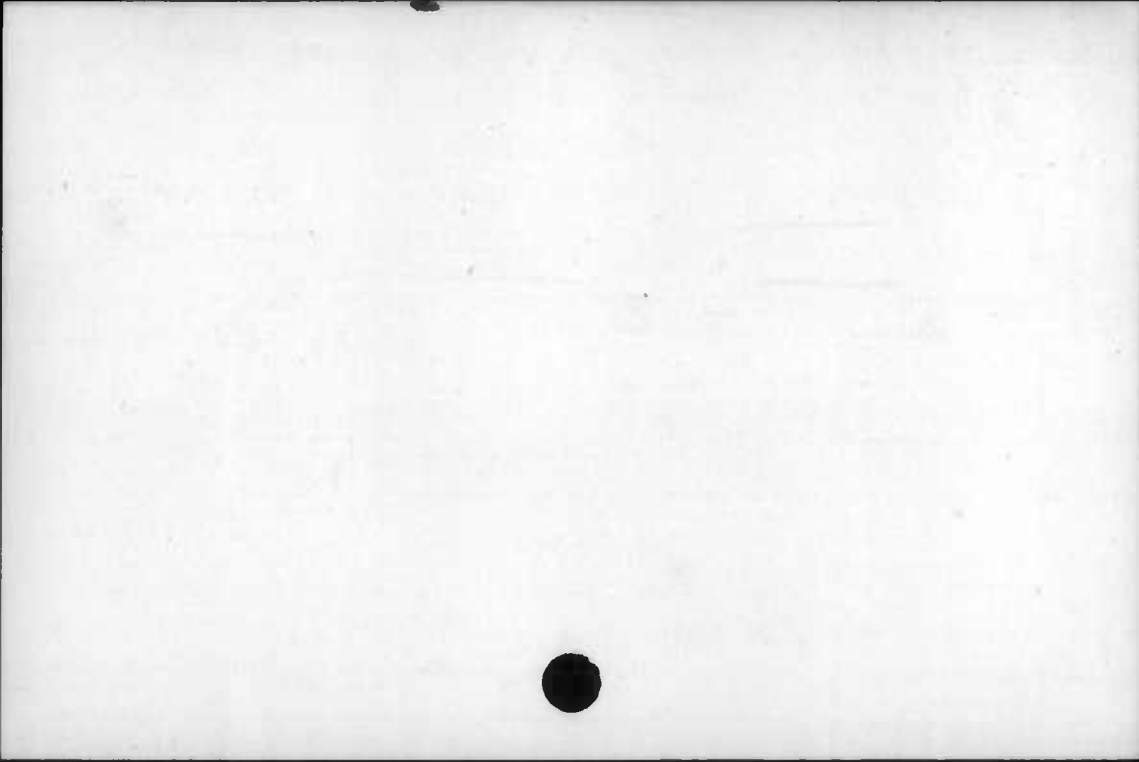
Died at <i>near Costen Station</i>		Town <i>Station</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Dec.</i>	Day <i>17th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>6</i>	
Sex <i>not given</i>		Color or Race <i>Colored</i>		Birth-place <i>near Costen Station</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Thomas Preston Smith</i>				Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Mary Collins</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>J P Smith</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary <i>Heart</i>	How long <i>5 x days</i>
Immediate <i>Cyanosis</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel L. Linn</i>
	Address <i>Pocomoke City Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

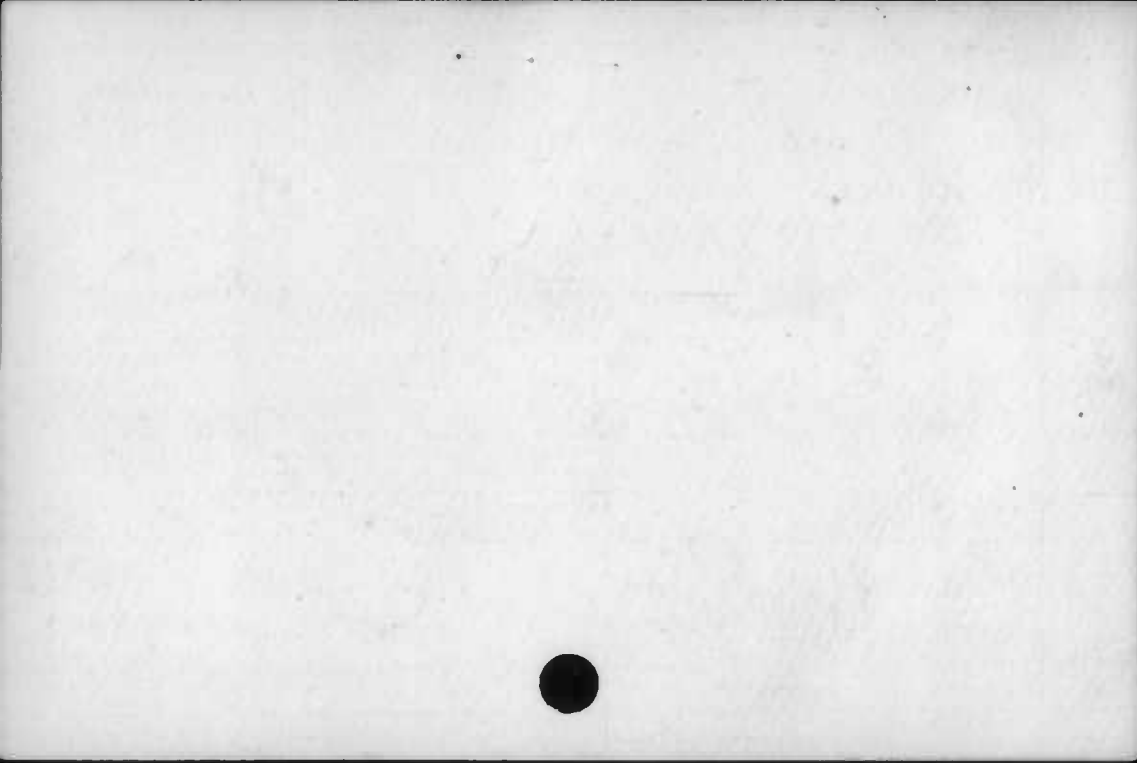
Died at <i>Crofton</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Dec.</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>57</i> <small>Years</small>	<i>26</i> <small>Months</small>	<i>26</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co</i>		
Occupation <i>Oysterman</i>	Where Residing if not at place of death <i>Crofton - Md</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Rebecca Sterling</i>				
Father's Name <i>Geo W Sterling</i>	Father's Birthplace <i>Somerset Co</i>				
Mother's Maiden Name <i>Eliza Sterling</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>M. J. Sterling</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Progressive Paralysis</i>	How long <i>2 yrs.</i>
Immediate <i>Apoplexy</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Somerset</i>
	Address <i>Crofton Md.</i>
Accident or Suicide? <i>Nature</i>	



Name  
in  
Full

Noah Ward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Southern</i>		County <i>Somerset</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		<i>Dec</i>	<i>23</i>	Age <i>24</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Somerset Co</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Huaband <i>—</i>					
Father's Name <i>Noah S. Ward</i>		Father's Birthplace <i>Somerset Co</i>					
Mother's Maiden Nma <i>Laura Somers</i>		Mother's Birthplace <i>Somerset Co</i>					
Name of person giving Information <i>Hattie Ward</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Cold</i>	How long	<i>—</i>
Immediate	<i>Pulmonary Tuberculosis</i>	How long	<i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. B. Collins</i>	
		Address <i>615 1/2 St. N.E.</i>	
Accident or Suicide			





Name  
in  
Full

*Mary Emily Webb*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

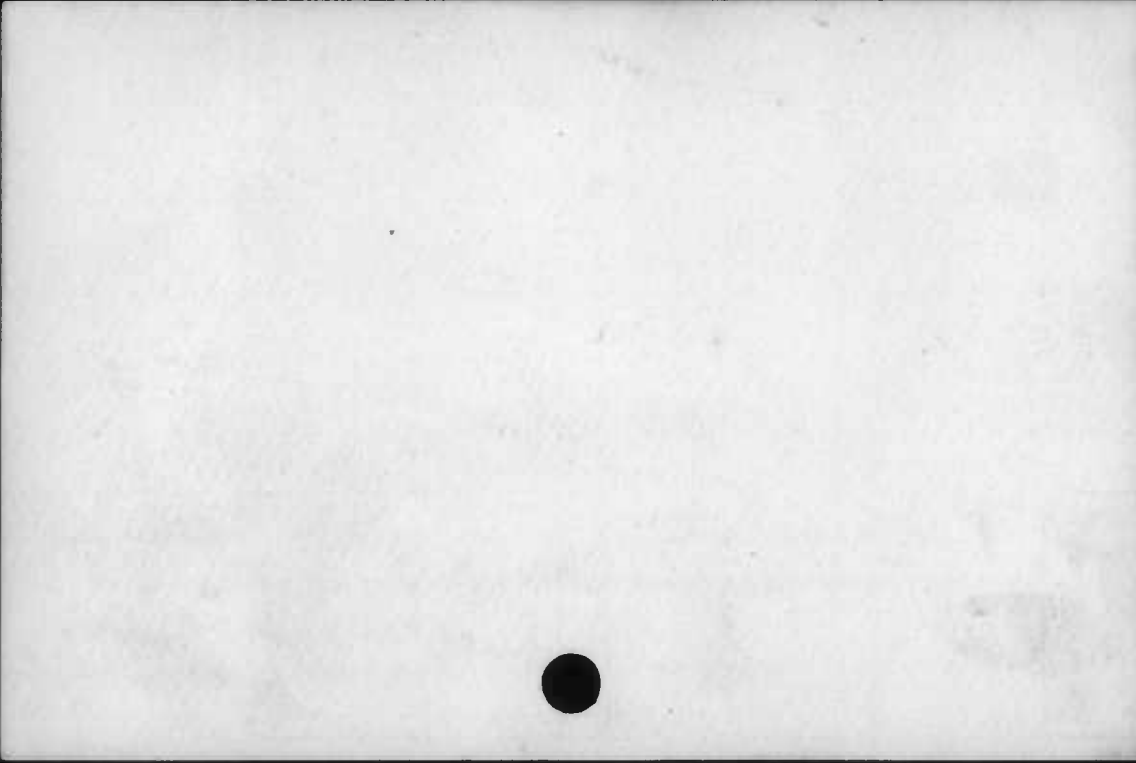
Died at <i>Weston</i>		Town <i>Weston</i>		County <i>Somerset</i>	
Date of death <i>1908</i>	Month <i>Dec</i>	Day <i>4</i>	Age <i>66</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md.</i>		
Occupation <i>Housework</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John Webb</i>			
Father's Name <i>Henry Battin</i>		Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Mary Echols</i>		Mother's Birthplace <i>md.</i>			
Name of person giving information <i>James A Webb</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

**120**

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bright's Disease</i>	How long <i>About 5 yrs.</i>
Immediate <i>Nephritis &amp; Hematuria</i>	How long <i>About 1 month.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. F. [illegible]</i>
	Address <i>[illegible] md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

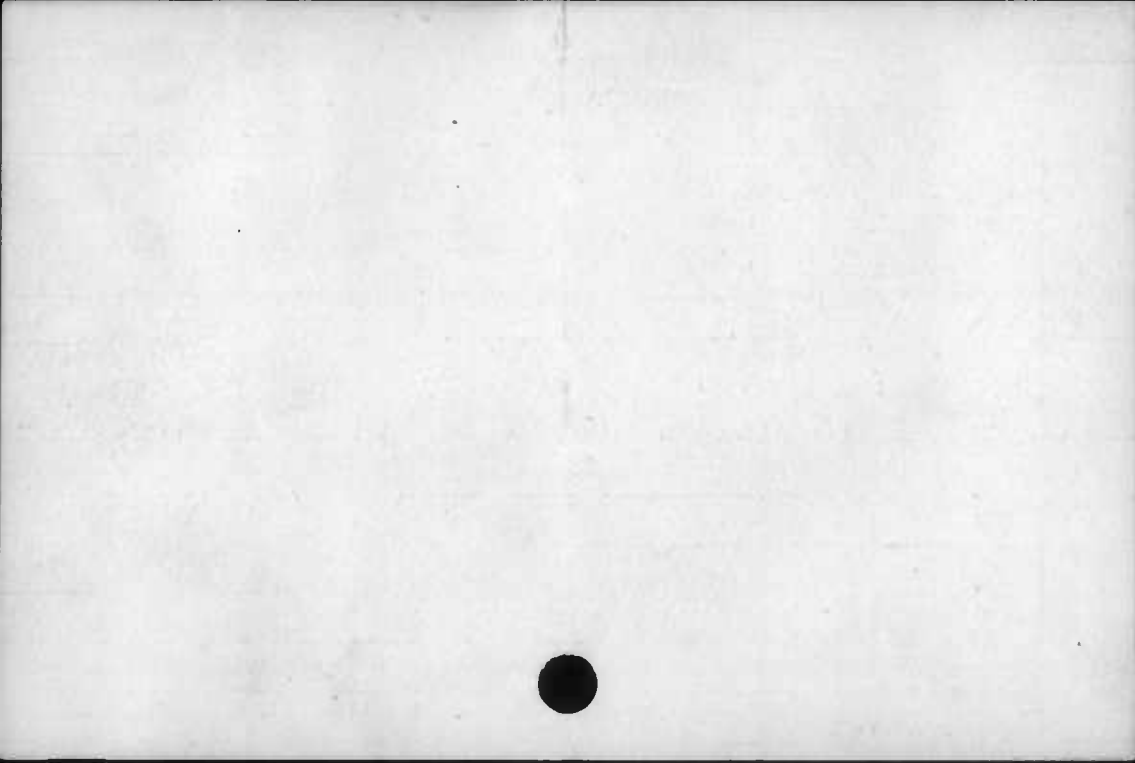
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deals Island</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	12	Day	8
Age		Years		Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Deals Island</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Thornton Williams</i>		
Mother's Maiden Name			<i>Emma Turner</i>		
Name of person giving information			<i>Emma Williams</i>		
Father's Birthplace			<i>Wicomico Co</i>		
Mother's Birthplace			<i>Somerset Co</i>		
How related to deceased			<i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stillbirth</i>	How long	<i>7 months</i>
Immediate	<i>Unkown - Dead same day</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. J. Alexander</i>	
Address		<i>Somerset Co.</i>	
Accident or Suicide?			



Name  
in  
Full

William Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

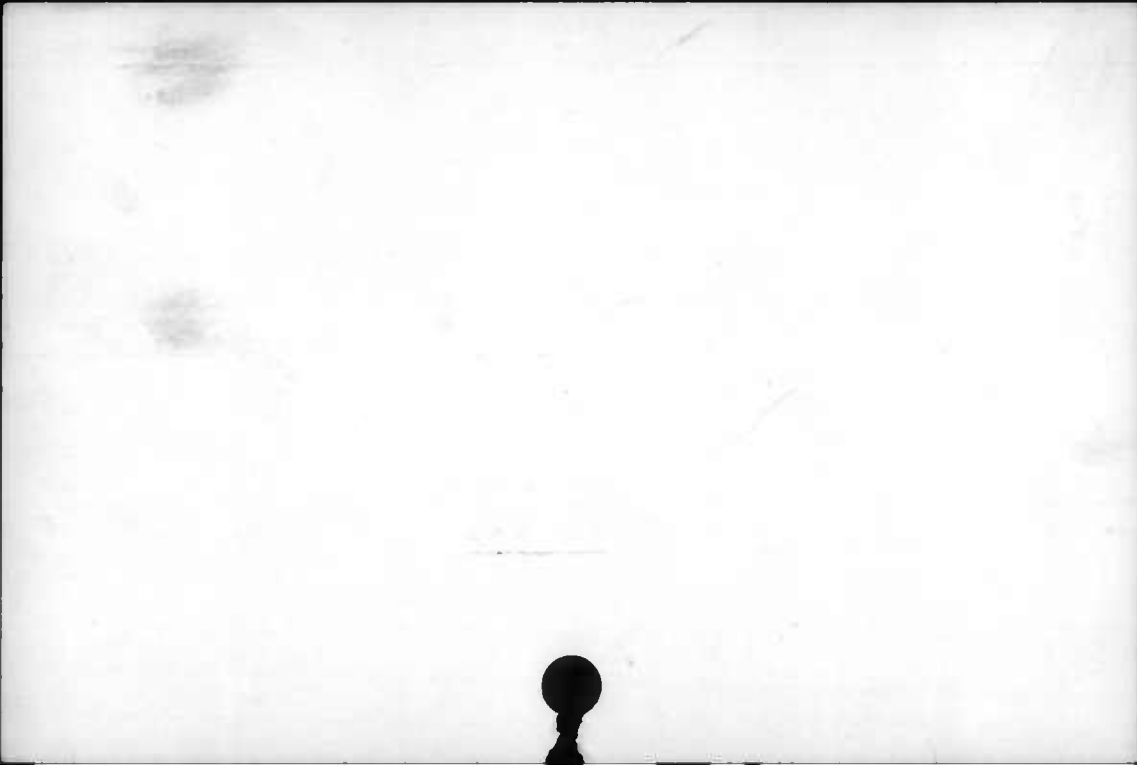
Died at *Brisfield* <sup>Town</sup> *Somerset* <sup>County</sup> **MARYLAND**  
 Date of death 190 *8* <sup>Month</sup> *Dec.* <sup>Day</sup> *6* <sup>Years</sup> *21* <sup>Months</sup> *—* <sup>Days</sup> *—*  
 Sex *male* Color or Race *colored* Birth-place *dont know*  
 Occupation *Sailor* Where Residing if not at place of death *dont know*  
 Marriad, Single or Widowed *married* Name of Wife or Husband *Sarah Wickes*  
 Father's Name *dont know* Father's Birthplace *dont know*  
 Mother's Maiden Name *dont know* Mother's Birthplace *dont know*  
 Nama of person giving Information *Sarah Wickes* How related to deceased *Wife*

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary *Drowned* How long *—*  
 Immediate *—* How long *—*  
 Are the name, age, sex, color, date and place correctly given above? *as far as I know* Signature of Physician *S W Emmery M.D.*  
 Address *Register Anisfield M.D.*  
 Accident or Suicide *Accident*



Name  
in  
Full

CERTIFICATE OF DEATH

*Harrietta Wimbrough*  
Town *near Pocomoke City* County *Somerset*

MARYLAND

Died at *near Pocomoke City*  
Date of death *1908* Month *Dec* Day *19* Age *60* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Worcester Co*

Occupation *Domestic* Where Residing if not at place of death *Near Pocomoke City*

Married, Single or Widowed *Married* Name of Wife or Husband *William J Wimbrough*

Father's Name *Wm Pope* Father's Birthplace *Worcester Co*

Mother's Maiden Name *Don't Know* Mother's Birthplace *11 21*

Name of person giving Information *H J Wimbrough* How related to deceased *Husband*

CAUSES OF DEATH

**64**  
How long *4 days*

Primary *Acute Indigestion* How long *4 days*

Immediate *Apoplexy & Paralysis* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Samuel B. Queen*  
Address *Pocomoke City Md*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

